•	Under the Dener	namele Bada	elion del	of 1005 way	ersons are require	ed to a	U. S. Pal	eni and	Appro Tradema	ved for use th	ough DEP	PTC 0/31/2002. (ARTMENT C	VSB/06 (08-00 OMB 0651-003 OF COMMERC
				•	pplication of								
PATENT APPLICATION FEE DETERMINATION RECORD										099	4	13/	4
CLAIMS AS FILED - PART I (Column 1) (Column 2)									MALL	ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED					NUMBER EXTRA			1 [RATE	FEE	7	RATE	FEE
7							Ft	- PO 37 57	S		5-12 C S'	71000	
(3)	SIC FEE	Đ								\$	OR		\$
TOTAL CLAIMS (1) (1) CFR (1) (6)) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			minus 20 = 0 -			.0	×5				OR	x \$ =	-
(37 CFX 1,16(b))			injus 3 = 0			0	2 × = 1				OR	X=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.14(4))								+			OR	+ = =	
*. If the difference in column t is less then zero, enter "0" in column 2								•	TOTAL		OR	TOTAL	71000
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						\$	MALL I	ENTITY	OR	OTHER T		
AMENDMENT A		REMA AFT	IMS INING ER OMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	.Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 3.16(c))		2	Minus	·· 20		= 0	x :	=	0	OR	x \$=	
	Independent (37 CPR 1.16(b))	•	1	Minus	B		= 0	×	=	0	OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CTR 1.146)								=		OR	+ ==	
(Column 1) (Column 2) (Column 3)								TOTAL T. FEE		OR	TOTAL DDIT. FEE	É	
AMENDMENT B		CLA REMA AFT AMENI	INING ER		HIGHEST NUMBER PREVIOUSL PAID FOR	Y.	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	٠		Minus	**		=		*	•	OR	x \$=	
	Independent (37 CFR 1.16(b))	*		Minus	***			×	2		OR OR	x =	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.1440)										OR	+=	
(Column 3) (Column 2) (Column 3)									TOTAL T. FEE		OR	TOTAL DDIT. FEE	
AMENDMENT C		CLA REMAI AFTI AMEND	ning Er Ment		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,14(e))	*		Minus	**		=	x \$	3		OR	x \$ =	
	Independent (DT CFR 1.16(0))	*		Minus	***		=	×	=		OR OR	× =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.14(4))							+_	=		OR	+ =	
* 11:	he entry in colum	nn 1 is less	than the	entry in colum	in 2, write "O" in c	olumn	3.		TOTAL T. FEE	·	OR.	TOTAL ODIT. FEE	
* If i	he "Highest Num	ber Previou	isly Paid I	For IN THIS	SPACE is less the SPACE is less the idependent) is the	an 3, c	enter *3*.			hov is colum			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.